

(Provider's name and address)

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### CERTIFICATE OF COMPLETION

LICENSEE'S NAME:				LICENSE NUMBER:	
ACTIVITY TITLE:				DATE OF ACTIVITY:	
ACTIVITY NUMBER:	EDUCATIONAL ACTIVITY:	HOURS ATTENDED:	HOURS EARNED:	BRANCH:	TECHNICAL/GENERAL

THIS IS TO CERTIFY THAT THE ABOVE NAMED LICENSEE HAS  
SUCCESSFULLY COMPLETED THE ABOVE NUMBERED ACTIVITY.

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INSTRUCTOR'S SIGNATURE

NOTE: DO NOT SEND THIS CERTIFICATE TO THE BOARD.  
The above hours are approved for Structural Pest Control Board  
license renewal. Original continuing education certificates are  
subject to Board audit and should be RETAINED by you for  
three years.

\_\_\_\_\_  
DATE